



Workers' Compensation
Arbitration Service
2 Bedbrook Place
Shenton Park WA 6008
Ph 08 9388 5555
@WorkCoverWA
www.workcover.wa.gov.au

REPLY TO AN APPLICATION FOR ARBITRATION Form 154

NOTES FOR RESPONDENT

- This form must be lodged within 14 days from the date the Application for Arbitration was served on you, unless the time is abridged or extended by order of an Arbitrator or the Registrar.
- You may lodge a Reply to an Application for Arbitration online at <https://online.workcover.wa.gov.au> instead of using this form.
- Attach a separate page(s) to this form if you do not have enough space.
- This form **must** be signed.
- Completed forms can be lodged by either:

POST
Workers' Compensation Arbitration Service
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

OR

EMAIL
Documents may be lodged by email subject to conditions. See the WorkCover WA website.

OR

IN PERSON
Workers' Compensation Arbitration Service
2 Bedbrook Place
SHENTON PARK WA 6008
Monday to Friday, 8am to 5pm

- If lodging by post or in person, you must file the original reply and attachments with the Workers' Compensation Arbitration Service, plus a copy for each party to the dispute.
- Sealed copies will be returned to you for service on the other parties.

For further information, please contact WorkCover WA's Advice and Assistance Unit on 1300 794 744 or (08) 9388 5537 (TTY).

SECTION A - CASE DETAILS

1. Case number

2. Applicant

3. Respondent

4. Lodged by (*tick relevant box*)

Worker

Employer

Insurer

Dependant

Worker representative

Employer representative

Insurer representative

Service provider

Other (*please specify*)

5. All notices from the Workers' Compensation Arbitration Service are sent to EDS (online) exempt parties by mail. Indicate if the respondent's preference is to receive notices by email.

Email

SECTION B - DATE APPLICATION SERVED

6. The Application for Arbitration was served on the Respondent on

SECTION C - DISPUTE DETAILS

7. State fully, but concisely, what parts and issues of the Application are admitted

8. State fully, but concisely, what parts and issues of the Application are disputed and the issues for determination (*when replying to a stress related claim particularise in summary form the acts, events or circumstance of any section 5(4) matters that are alleged to have wholly or predominately given rise to the Applicant's alleged stress*)

SECTION D - SUPPORTING DOCUMENTATION AND INFORMATION

9. List all documents attached to this Reply

Medical documents	Author/Doctor	Speciality (e.g. Orthopaedic)	Date of document
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)

Non-medical documents	Author	Date of document
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)

10. List documents and information you intend to use but do not yet have

Medical

Nature of Evidence	Author/Doctor	Speciality	Reason not available	Date of expected availability
				(dd/mm/yyyy)
				(dd/mm/yyyy)
				(dd/mm/yyyy)
				(dd/mm/yyyy)

Non-medical

Nature of Evidence	Author	Intended use	Reason not available	Date of expected availability
				(dd/mm/yyyy)
				(dd/mm/yyyy)
				(dd/mm/yyyy)
				(dd/mm/yyyy)

SECTION E - RESPONDENT DETAILS

11. Respondent details

Name of business/organisation/worker		
Contact person		
Postal address		
City/Suburb	State	Postcode
Phone	Fax	Mobile
Email		

Indicate by ticking the box if future documents are to be served on the Respondent representative

12. Respondent representative's details *(if represented by a legal practitioner or registered agent - complete if known)*

Company name		
Contact person		Reference
Postal address		
City/Suburb	State	Postcode
Phone	Fax	Mobile
Email		

13. Insurer/self insurer details *(complete this section only if the Respondent is an employer)*

Insurer		
Contact person		Reference
Postal address		
City/Suburb	State	Postcode
Phone	Fax	Mobile
Email		

14. Insurer/self insurer representative's details *(if represented by a legal practitioner or registered agent - complete if known)*

Company name		
Contact person		Reference
Phone	Fax	Mobile
Email		

SECTION F - SIGNATURE OF RESPONDENT

Signature

Name

Date